

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10-617-799

FILING DATE

07-14-03

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5	1					
6	1					
7		1				
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TOTAL IND.	3					
TOTAL DEP.	10					
TOTAL CLAIMS	13					

	IND		DEP		IND		DEP		IND		DEP	
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